

Evidence for addition of
birth place shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HU NO. G 118 JAN 11 1949 CERTIFICATE OF DEATH

166 12816
Reg. Date. No. 290

1. PLACE OF DEATH: Talbot

County

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

One hour and five min

Hospital, institution, or street address where death occurred:

Memorial Hospital Dispensary

How long in hospital or institution?

as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Nathaniel Allen Turpin

3. (b) Social Security Number

217-28-2684

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

bl

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of
deceased (mo., day, yr.)

November - 30 - 1930

8. AGE:

Years

Months

Days

If less than one day

18 yrs

One hr. five min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Sea food work

11. Industry or business

MOTHER FATHER

12. Name Daniel Allen

13. Birthplace East Island Md

14. Maiden name Dannie Turpin

15. Birthplace Upper Hill Md

16. Informant Mary Whillor

Address Upper Hill Md

17. Burial Upper Hill
(Burial, cremation, or removal. Which?)

Date thereof Dec 27 1948
(month) (day) (year)

Cemetery or crematory Upper Hill Md

Location Upper Hill Md

18. Funeral director Charles H. Ward

Address Mansion St., Md.

19. 12/27 1948 M. H. Nease
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 Dec 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw h. alive on 19

Immediate cause of death gunshot wound -
shot gun 16 gauge in
extremis
exsanguination

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date Dec 25 1948

Where did injury occur Kent Narrows Date Dec 25 1948
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

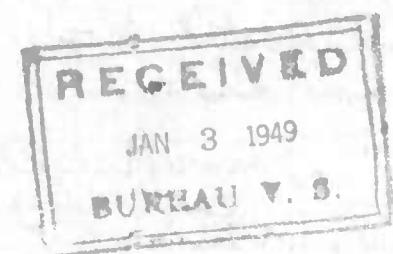
Means of injury

Injured at work?

23. SIGNATURE Pauline Deacon, M. D.

M. D. or other

Address Easton Bayland Date signed 26 Dec 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12817

Reg. Dist. No. 274

CERTIFICATE OF DEATH

92d

1. PLACE OF DEATH: Talbot
 County: Sherwood
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred: None
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Talbot
 City or town: Sherwood, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: (If rural, give LOCATION)
 2.(a) If veteran, name war: None

3. (a) FULL NAME: William H. Benhoff

3. (b) Social Security Number: None

4. Sex: Male	5. Color or race: White	6.(a) Single, married, widowed, or divorced: Married
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6.(b) Name of husband/wife: Mary E. Benhoff

7. Birth date of deceased (mo., day, yr.): July 29, 1883

8. AGE: Years: 65 Months: 4 Days: 9 It less than one day: hrs: min:

9. Birthplace: Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Navy Yard

MOTHER FATHER
 12. Name: George T. Benhoff

13. Birthplace: Baltimore, Maryland

14. Maiden name: Lena Smith

15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Mary E. Benhoff

Address: Sherwood, Maryland

17. Burial: Date thereof: Dec 10, 1948
 (Burial, cremation, or removal. Which?)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland, Maryland

18. Funeral director: Newnam & Harrison

Address: St. Michaels, Maryland

19. Date rec'd by registrar: Dec. 9, 1948
 (Date rec'd by registrar) Address: G. L. Ladd, Sevell
 Registrar: Date signed: 12/9/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 8, 1948

I CERTIFY that death occurred on the date above stated; that I attended deceased from

18. X to Dec 8, 1948

and that I last saw him alive on Dec 8, 1948

Immediate cause of death: Acute heart failure, then

secondary complications, due to

Due to: Hypertension, heart failure

Due to: Hypertension, heart failure

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

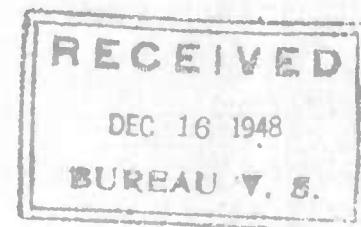
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. L. Ladd, Sevell M. D. or other

Address: Date signed: 12/9/48



D.U.P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12818

CERTIFICATE OF DEATH

350
87c
Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN <i>Easton</i>				TOWN <i>Easton</i>		STREET ADDRESS <i>Centerville Road</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)		(First) <i>JOHN</i>	(Middle) <i>THOMAS</i>	(Last) <i>CANNON</i>	4. DATE OF DEATH <i>Dec. 22 1948</i>		
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Aug. 29, 1873</i>	
Male		ee.		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		9. AGE last birthday If under 1 year Months <i>3</i> Days <i>23</i> Hours <i>00</i> Mins. <i>00</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
<i>Retired Farmer</i>		<i>Maryland</i>					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
<i>James Cannon</i>		<i>Elizabeth Willis</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT			
		<i>None</i>		<i>Arthur Cannon (Son)</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

*Kachexia*INTERVAL BETWEEN
ONSET AND DEATH

3 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

Paralysis agitans

several years

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

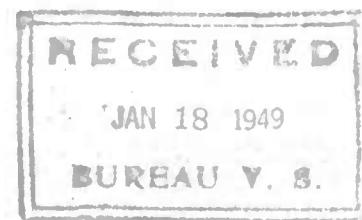
20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY							

22. I hereby certify that I attended the deceased from *May 6, 1948*, to *Dec. 22, 1948*, that I last saw the deceasedalive on *Dec. 21, 1948*, and that death occurred at *8:20* m., from the causes and on the date stated above.SIGNATURE *Frank Lederer M.D. Annapolis Md.* ADDRESSDATE SIGNED *12/24/48*

23. BURIAL, CREMATION REMOVAL (Specify)		DATE <i>Dec. 27, 1948</i>		NAME OF CEMETERY OR CREMATORIAL <i>Springfield</i>		LOCATION (City, town, or county) <i>Easton</i> (State) <i>Md.</i>	
DATE RECD BY LOCAL REG. <i>12/23/48</i>		REGISTRAR'S SIGNATURE <i>W.H. Nease</i>		24. FUNERAL DIRECTOR <i>W.H. Nease</i>		ADDRESS <i>Ellis Park Easton, Md.</i>	



PLEASE WRITE PLAINLY, WITH UNTADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12819

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1510

1. PLACE OF DEATH:

County: Carroll County
City or town: Port Deposit, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 daysHospital, institution, or street address where death occurred: Easton Memorial HospitalHow long in hospital or institution? 3 days

3. (a) FULL NAME

Baby boy Caudill, RICHARD WAYNE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M.

W.

infant.

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age..... years

Dec 24, 1948

8. AGE: Years

Months

Days

If less than one day

3 da

3

hrs.

min.

9. Birthplace

Memorial Hosp., Easton, Md.
(Town, county, and state)

10. Usual occupation

None (Infant)

11. Industry or business

MOTHER FATHER

12. Name Mr. Samuel Kaufman

13. Birthplace

14. Maiden name Miss Wildred Caudill15. Birthplace Kentucky16. Informant Miss Wildred CaudillAddress Port Deposit, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Dec 29 - 48

(month) (day) (year)

Cemetery or crematory Port Deposit CemeteryLocation 12 miles N.E.18. Funeral director J. L. Price, Jr.Address 101 DuPont St.19. 12/28/4819. 48

N. H. Deverey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline Co.City or town: Port Deposit (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 48 at 6 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 24 19 48 to Dec 27 19 48and that I last saw h. alive on Dec 27 19 48

Immediate cause of death

Congenital Heart defect
Patient: ductus arteriosus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

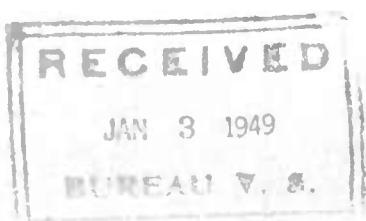
23. SIGNATURE David Throth

M. D. or other

Address

Port Deposit, Md.

Date signed 12/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 12290

958

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County BaltimoreCity or town Cambridge (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days 12 hrs. 55 min.Hospital, institution, or street address where death occurred: Memorial HospitalHow long in hospital or institution? 3 days 12 hrs. 55 min.

3. (a) FULL NAME

Emory Coughlin

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

W

Married

6. (b) Name of husband or wife

Lillian Coughlin

7. Birth date of deceased (mo., day, yr.)

Nov. 19, 1883

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Baltimore Md

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

James CoughlinBaltimore Md

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Esther WebsterDeaf's IslandMrs. Alice V. CoughlinCrabs, Md

Date thereof

(month)

(day)

(year)

Dorchester Memorial ParkCambridge, Md.Le Compte Funeral ServiceCambridge, Md.

Address

19. Date signed

12/3/48M. H. Morris

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Crabs, Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2-48 at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 16 to 2 Dec. 1948 and that I last saw him alive on 2 Dec. 1948Immediate cause of death Pulmonary embolism

DURATION

Due to Pneumatic heart diseaseChronic anemiasExacerbation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

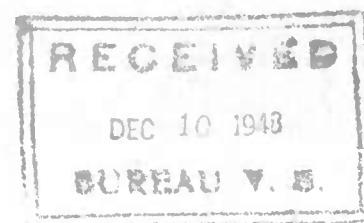
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address 12290 Date signed 12/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12821

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

Talbot

City or town

Easton, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lillie Rebecca Craft

4. Sex

Female White Married

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

James T. Craft

6.(c) If alive, give age year

7. Birth date of deceased (mo. day, yr.)

May 3, 1874

8. AGE:

Years Months Days If less than one day

74

7

9

hrs. min.

9. Birthplace

Garrisonville, Queen Anne Co.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Samuel Mc. Muller

13. Birthplace Delaware

14. Maiden name Mary Hoster

15. Birthplace Queen Anne Co. Md.

16. Informant Miss Mae Craft

Address Easton, Rural Md.

17. Burial Date thereof Dec. 15, 48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 12/14 1948 M. & Mrs. Registrar

(Date read by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County

Talbot

Rural

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 12th 1948, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 14, to Dec. 12, 1948

and that I last saw her alive on Dec. 10, 1948

Immediate cause of death

Coronary Thrombosis

Due to

General Arteriosclerosis

Due to

Moderate left Hemiplegia

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

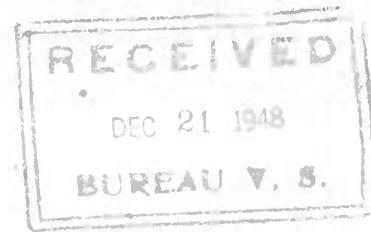
Meane of injury Injured at work?

23. SIGNATURE Martin J. Burchell

M. D. or other

Address Easton, Md. Date signed 12-13-48

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12822

CERTIFICATE OF DEATH

Reg. Dlat. No. 291

1. PLACE OF DEATH:

County

City or town

Talbot
Trappe
all of life

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mollie Griffiths Creyer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

Widow

6. (b) Name of husband or wife

John L. Creyer

6. (c) If alive, give age

years

Apr. 11, 1864

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

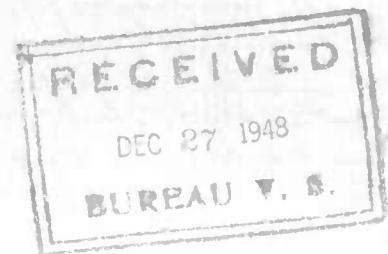
84

8

8

hrs.

min.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Trappe 2176

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 292

Report 23

CERTIFICATE OF DEATH

488

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Dobson

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

Female white Widower

6. (b) Name of husband or wife

John T Dobson

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Sept. 22, 1873

8. AGE:

Years 75 Months 2 Days 23 If less than one day hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Bless Roberts

MOTHER FATHER

12. Name

Bessie Roberts

13. Birthplace

Baltimore Md.

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Bessie Roberts

Address

Easton Md. Rd

17. Burial

Date thereof

Dec. 18, 1948
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Spring Hill

Location

Easton - Md

18. Funeral director

Maurice E. Newman & Son

Address

Easton - Md.

19. Date rec'd by registrar

Dec. 17 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec. 15, 1948 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1947 to Dec. 15 1948

and that I last saw her alive on June 1948

Immediate cause of death

Carcinoma of uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. Mother

Address

Date signed

Registrar

Douglas Ross
Trappe Md. Dec. 17, 1948

RECEIVED

DEC 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12824

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:

County TalbotCity or town Easton Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day 23 hrs 15 min

Hospital, institution, or street address where death occurred:

Memorial Hosp.How long in hospital or institution? 1 day 23 hrs 15 min

3. (a) FULL NAME

Baby Girl Dally

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F. Wsingle

6. (b) Name of husband or wife.....

7. Birth date of
deceased (mo., day, yr.)Dec 2, 1948

6. (c) If alive, give age..... years

8. AGE:

Years 1 Months 23 Days 15

If less than one day

9. Birthplace.....

Memorial Hospital Easton Md.

(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business

12. Name..... Elizance Dally13. Birthplace Orchestr County14. Maiden name Carrie Dally15. Birthplace Greyston Md16. Informant Miss Carrie DallyAddress Ridgely Md17. Cremation Date thereof 12/5/48

(Burial, cremation, or removal, which?) Date (month) (day) (year)

Cemetery or crematory Memorial HospitalLocation Easton Md18. Funeral director Memorial HospitalAddress Easton Md19. 12/5 Date rec'd by registrar 1948(Date rec'd by registrar) N. H. Neerex

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline CoCity or town Ridgely Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1948 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-2-1948 to 12-4-1948and that I last saw her.....alive on 12-3-1948

Immediate cause of death.....

Patient died after birth

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results Patient died after birth

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

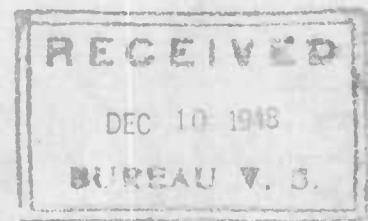
Means of injury

Injured at work?

23. SIGNATURE..... P. S. Cox M.D.

M. D. or other

Address Easton Md Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Burke

12825

46d

Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

State

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie Delin

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F.

W.

Widowed

6. (b) Name of husband or wife

Robert Henry Delin

7. Birth date of deceased (mo., day, yr.)

Aug 13, 1864

6. (c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
81	4	9	hrs. min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

Ross Smith

12. Name

Delin

13. Birthplace

Delin

14. Maiden name

Lulu Stevens

15. Birthplace

Delin

16. Informant

Mrs. Linda Richardson

Address

Baltimore, Md.

17. Burial

Date thereof Dec 27, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Burke, Md.

18. Funeral director

Burke

Address

Baltimore, Md.

19. 12/23/48

1948

(Date read by Registrar)

N. H. Nease

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Burke

City or town

Eaton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 27, 1948, at 6:00 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

August 19, 1948, to Dec 22, 1948

and that I last saw her alive on December 21, 1948

Immediate cause of death

Carcinoma of Rectum

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma

Date of op. 11-1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

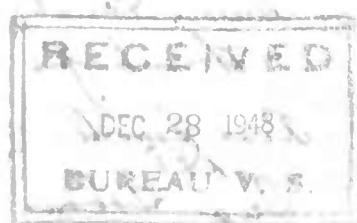
Injured at work?

23. SIGNATURE

Martin & Burke, Md.

M. D. or other

Address Eaton, Md. Date signed 12-23-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR ADDITION OF
INFO. ITEM #22 SHOWN ON

FILM NO. G 118 JAN 21 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

102826
290

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

Talbot

City or town *Easton* R.F.D. # 4

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? *2 wks*

3. (a) FULL NAME

Nannie E. Harris

4. Sex

F

5. Color or race

Col'd

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Frank Harris

6. (c) If alive, give age

..... years

7. Birth date of deceased (mo., day, yr.)

(Unknown) 1864

8. AGE: Years

About 84

Months

Days

If less than one day

..... hrs. min.

9. Birthplace

Talbot County Md.

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

MOTHER FATHER

12. Name *Unknown*

13. Birthplace

14. Maiden name *Margaret Davidson*

15. Birthplace *Talbot County*

16. Informant

Maudie Fountain

Address *Easton, R.F.D. # 4*

17. Burial

Date thereof *12-22-48*

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Talbot Co.

18. Funeral director

Leon W. Henry

Address

Easton Md.

19. *12/23*

1948

(Date rec'd by registrar)

N.R. Peirce

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Talbot*

City or town *Easton*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *R-7-5*

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH *12-18 1948* at *9:55 A.M.*

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

11-30 1948 to 12-18 1948

and that I last saw her alive on *12-17 1948*

Immediate cause of death

Generalized Arthritis

On 10.

DURATION

yes.

Due to

Advanced Arthritis

Right

(Include pregnancy, within 8 months of death)

Major findings or operations *Right hip* Date of op. *11-30-48*

Anterior results *Right hip*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *Nov. 1948*

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Home*

Means of injury *fell while walking across floor*

Injured at work *injured at work*

causing a closed fracture

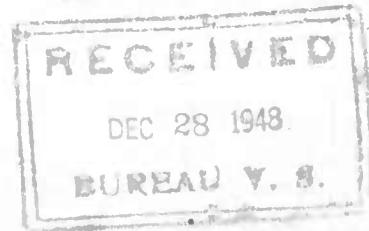
Address *Easton Md.*

Date signed *12-20-48*

23. SIGNATURE *Margaret A. Burrell M.D.*

M. D. or other

~~7281~~
7281
8751.



aemota 12/24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12827

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County. Talbot County

City or town. Easton, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, institution, or street address where death occurred: Easton Memorial Hospital

How long in hospital or institution? 7 days

3. (a) FULL NAME

Mrs. Mary Kelly

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

widow

8. (b) Name of husband or wife:

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

11-3-1873

8. AGE:

Years

Months

Days

it less than one day

hrs. min.

9. Birthplace

New York, N.Y.

(Town, county, and state)

10. Usual occupation:

Nurse

H.H.

11. Industry or business:

Oscar Maguire

MOTHER FATHER

12. Name

Oscar Maguire

13. Birthplace

New York

(Town, county, and state)

14. Maiden name

Daisy Rail

15. Birthplace

Ireland

(Town, county, and state)

16. Informant

Mrs. Thomas E. Farrell

Address

Triple Creek, Easton, Md.

17. Burial

Burial

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Date thereof 1/3/48
(month) (day) (year)

Cemetery or crematory

Calvary

Location

New York, N.Y.

(Town, county, and state)

18. Funeral director

Audrey & Newmark

Address

Easton, Md.

19. 12/31/48

Date record by registrar

1948

N.Y. Nevers

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. New York County

City or town. Brooklyn (If outside city or town limits, write RURAL and give nearest town)

Street No. 581 Third Street (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 30

1948 st + 15 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

December 24 1948 to Dec. 30 1948

and that I last saw her alive on Dec. 30 1948

Immediate cause of death

Coronary thrombosis

General arteriosclerosis.

DURATION

6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

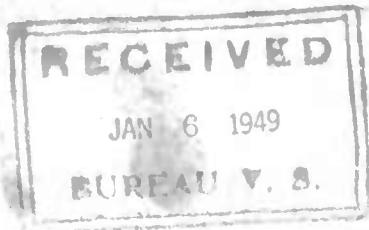
Martin J. Buel, M.D.

M. D. or other

Address

Easton, Md.

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

634 12828

Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Talbot Co.

City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 hr. 15 min.

Hospital, Institution, or street address where death occurred:

Memorial Hospital, Easton, Md.

How long in hospital or institution?

Dec. 3, 1948 11 a.m. to 3 p.m.

3. (a) FULL NAME

Mrs. Borge Burt Lewis

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

Married

6. (b) Name of husband or wife

Mr. Fred F. Lewis

7. Birth date of deceased (mo., day, yr.)

Pennsylvania Nov. 23, 1879

6. (c) If alive, give age years

8. AGE:

Years 69

Months

Days

If less than one day

4 hrs.

min.

9. Birthplace

Pennsylvania

(Town, county, and state)

10. Usual occupation

N.W.

11. Industry or business

Mrs. Borge W. Burt

MOTHER FATHER

12. Name

Lena

13. Birthplace

Penn.

14. Maiden name

Edith Jackson

15. Birthplace

Penn.

16. Informant

Mrs. Fred F. Lewis

Address

Bedstow, St. Easton, Md.

17. Cemetery or crematory

Burial

Cremation

Which?

Date thereof

12/5/48

(month)

(day)

(year)

Cemetery or crematory

Lilysses

Location

Talbot Co., Md.

18. Funeral director

F. Clark Lewis

Address

Easton, Md.

19. (Date rec'd by registrar)

12/4/48

1948

(Date signed)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Easton, Md. Talbot County

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Goldsboro St. Easton, Md.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1948, a.m. 3:30 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 18, 1948, to December 3, 1948

and that I last saw her alive on Dec. 3, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 hours

Due to Hyper tension

15 yrs

Due to

Other conditions Chronic Hypertension

15 yrs

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

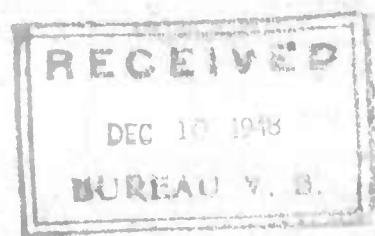
Injured at work?

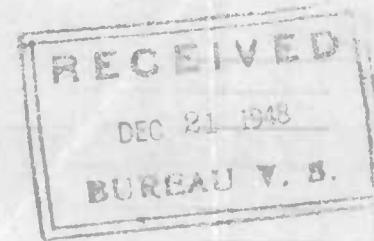
23. SIGNATURE Dr. V. Palmer, M.D.

M. D. or other

Address Easton, Md.

Date signed 12/4/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12830

55e
Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Talbot CountyCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 daysHospital, Institution, or street address where death occurred: Memorial Hospital - Easton - MarylandHow long in hospital or institution? 43 days

3. (a) FULL NAME

Bertha Longfellow, Miss

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age. — years

Sept 29, 1884

8. AGE:

Year

Months

Days

If less than one day

hrs. min.

64

3

1

9. Birthplace

(Town, county, and state)

Greensboro Md

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

John Longfellow

MOTHER

Greensboro Md

FATHER

Elvina Rawlings

MOTHER

Simeona Delaplane

FATHER

Frank Longfellow

MOTHER

Greensboro Md

FATHER

Burial

Cemetery or crematory

Greensboro

Location

Greensboro Md.

Funeral director

P. B. Rawlings

Address

Greensboro, Md.

Date thereof

1/2/49

(month) (day) (year)

19

49

Date rec'd by registrar

M. A. Nease

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro If outside city or town limits, write RURAL and give nearest townStreet No. Burial If rural, give LOCATION

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec. 30 - 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

11-18 1948 to 11-30 1948and that I last saw her alive on 11-30-48

Immediate cause of death

Metastatic Carcinoma3 months

Due to

Original form not determined

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

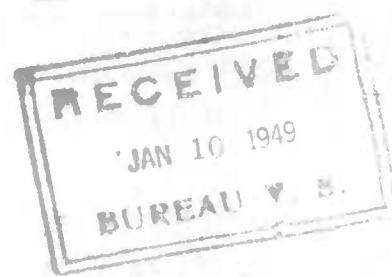
Meane of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Easton Date signed 12/30/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12831

290

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:
County: *Seaford*
City or town: *Seaford, Del.*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *2 weeks*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Seaford Catherine Maclellan

4. Sex *F* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *Widowed*

6. (b) Name of husband or wife *William Joseph Maclellan*

7. Birth date of deceased (mo., day, yr.) *August 19, 1870* 8. (c) If alive, give age *years*

8. AGE: Years *78* Months *5* Days *3* If less than one day *hrs. min.*

9. Birthplace *Seaford, Del., Maryland*

10. Usual occupation *Housekeeper*

11. Industry or business *Christian Walker*

12. Name *Christian Walker*

13. Birthplace *Seaford*

14. Maiden name *Amelia Davis*

15. Birthplace *Seaford*

16. Informant *Mr. Amelia Davis*

Address *Maryland*

17. Burial *Burial* Date thereof *Dec 8, 1948*
(Burial, cremation, or removal. Which?) Date (month) (day) (year)

Cemetery or crematory *Spring Hill*

Location *Seaford, Del.*

18. Funeral director *Seaford*

Address *Seaford, Del.*

19. *12/8* Date reg'd by registrar *1948* *N.H. Morris* Registrar
(Date reg'd by registrar) (Date) (Name)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State *Del.* County *Seaford*

City or town *Seaford, Del.*
(If outside city or town limits, write RURAL and give nearest town)

Street No. *Seaford*
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *December 1, 1948* at *6:00 p.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1, 1948 to *Dec 1, 1948*

and that I last saw h. *as* alive on *December 1, 1948*

Immediate cause of death

Generalized Arteritis Sclerotic
Due to *Arteritis Myocarditis* DURATION
1 yr. 6 mo.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Seaford & Burial Co.* M. D. or other *Seaford*

Date signed *12-2-48*

RECEIVED

DEC 10 1948

BUREAU F. B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12832

94a
Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County *Baltimore*City or town *Baltimore* (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *3 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Frank Marshall

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. W. Married

MARRIED

6. (b) Name of husband or wife

Julie Marshall

7. Birth date of deceased (mo., day, yr.)

*Dec. 7, 1880*6. (c) If alive, give age *66* years

8. AGE:

Years *68*Months *0*Days *7*

If less than one day

.hrs. .min.

9. Birthplace

Baltimore, Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Brewery

12. Name

John Frank Marshall

13. Birthplace

Md.

14. Maiden name

Esther D. Hauseck

15. Birthplace

Md.

16. Informant

Mr. J. Frank Marshall

Address

Baltimore - Md.

17. Burial

Date thereof *Dec. 17, 1948*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Baltimore

Location

Baltimore, Md.

18. Funeral director

R. H. Clark

Address

Baltimore, Md.

19. 18 10

19 48

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.*County *Baltimore*City or town *Baltimore*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 9, 1948 at *1:15 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

19...

and that I last saw him alive on

19...

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John J. Nutt M.D. D.M.R.

M. D. or other

Address

*Baltimore, Md.*Date signed *12-10-48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly. is especially important.

EVIDENCE FOR AGGREGATION
21 shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 118 JAN 25 1949 CERTIFICATE OF DEATH

12833

290

Reg. Dist. No.

1. PLACE OF DEATH:

County Talbot County

City or town Easton Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hours

Hospital, Institution, or street address where death occurred:

Easton Memorial Hospital

How long in hospital or institution? 24 hours

3. (a) FULL NAME

Mr. James Mc Fee

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

m

w.

widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day. yr.)

6. (c) If alive, give age years

Feb. 3, 1867

8. AGE: Years

Months

Days

If less than one day

86

hrs.

min.

9. Birthplace

(Town, county, and state)

Md

10. Usual occupation.

Farm Laborer

11. Industry or business

John Mc Fee

MOTHER FATHER

12. Name

Freeland

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial, cremation, or removal (Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Date thereof (month) (day) (year)

Burial, cremation, or removal (Which?)

Cemetery or crematory

Location

Funeral director

Address

12/24 1948
(Date rec'd by registrar)N. H. Meers
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Kent County

City or town Millington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1948 21-5-48

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 21 Dec 1948 to 23 Dec 1948

and that I last saw him alive on 23 Dec 1948 1948

Immediate cause of death

Bronchitis pneumonia

Due to Debility

Due to Fract. Hip left

No history could be obtained, as stated

Other conditions when found and brought to the hospital because he had no one to care for him 2-25-49 also

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

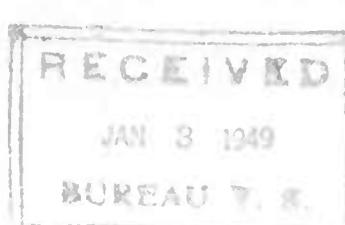
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: H. T. Koenig 026 M. D. or other

Address: Easton, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12834

CERTIFICATE OF DEATH

Reg. Dist. No. 291

131a

1. PLACE OF DEATH: **Talbot**
 County: **Bozman, Maryland**
 City or town: **Bozman, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Life**
 Hospital, institution, or street address where death occurred: **None**
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: **Maryland** County: **Talbot**
 City or town: **Bozman, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: **None**
 (If rural, give LOCATION)
 2.(a) If veteran, name war: **None**

3. (a) FULL NAME **ROBERT J. McQUAY**3. (b) Social Security Number
None

4. Sex: Male	5. Color or race: White	6.(a) Single, married, widowed, or divorced: Widowed
---------------------	--------------------------------	---

Laura H. McQuay		
-----------------	--	--

6.(b) Name of husband or wife: None	6.(c) If alive, give age: years
--	--

7. Birth date of deceased (mo. day. yr.): April 8, 1875
--

8. AGE: Years: 73	Months: 8	Days: 19	If less than one day hrs. min.
--------------------------	------------------	-----------------	---

9. Birthplace: Bozman, Maryland (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business

12. Name: William N. McQuay

13. Birthplace: Bozman, Maryland

14. Maiden name: Margaret Ann Kerper

15. Birthplace: Bozman, Maryland

16. Informant: Mrs. Flora Cooper

Address: Bozman, Maryland

17. Burial: Burial (Burial, cremation, or removal. Which?)
--

Date thereof: **December 29, 1948**
(month) (day) (year)

Cemetery or crematory: Bozman Cemetery

Location: Bozman, Maryland

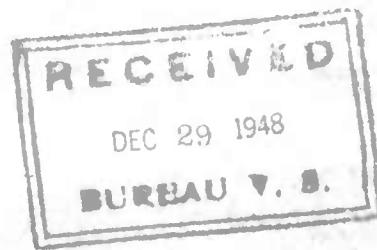
18. Funeral director: Newnam & Harrison
--

Address: St. Michaels, Md.

19. Date rec'd by registrar: Dec 28, 1948 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION			
20. DATE OF DEATH: December 27, 1948	1948	4:00 A.M.	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6, 1947	to Dec. 27, 1948		
and that I last saw him alive on December 27, 1948			
Immediate cause of death: Hemorrhage, Cerebellum		DURATION 3 days	
Due to: Essential Hypertension.		10 yrs.	
Due to:			
Other conditions: Chronic myocarditis		5 yrs.	
Chronic Nephritis		5 yrs.	
(Include pregnancy within 8 months of death)			
Major findings of operations		Date of op.	
Autopsy results.			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of			
Where did injury occur? (City or town) (County) (State)			
Injured at home, farm, industry, public place (where?)			
Means of injury Injured at work?			
23. SIGNATURE: Robert H. Brink, M.D. Address: St. Michaels, Md. Date signed: 12/28/48			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12835

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

Talbot

City or town

Easton, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Easton Memorial Hospital

How long in hospital or institution?

21 days

3. (a) FULL NAME

Mr. William Milke

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 3, 1885

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Russia

10. Usual occupation

Farmer

11. Industry or business

Mr. Ludwig Milke

12. Name

MOTHER FATHER

13. Birthplace

Poland

14. Maiden name

Federica Leifentraub

15. Birthplace

Poland

16. Informant

Mrs. Rose Kusmel

Address

Henderson, Md

17. Burial

Cemetery or crematory

Greensboro

Location

Greensboro, Md

18. Funeral director

Raymond B. Rodriguez

Address

Greensboro, Md

19. Date rec'd by registrar

12/5/48

1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Henderson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1948, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9/31/47 to 12/4/48

and that I last saw h.b. alive on 12/4/48

Immediate cause of death

Coronary Occlusion

Due to Atherosclerotic Heart Disease

Due to

Other conditions Carcinoma of bladder

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of bladder Date of op. Ext. 12/4/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

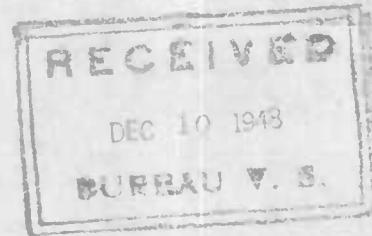
Injured at home, farm, industry, public place (where?)

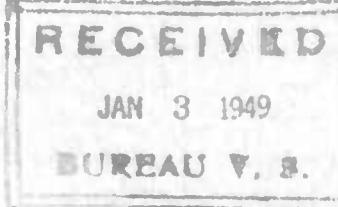
Means of injury Injured at work

23. SIGNATURE

M. D. or other

Address Easton, Md Date signed





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12837

CERTIFICATE OF DEATH

61
Reg. Dist. No. 392

1. PLACE OF DEATH:

County

Talbot
Trappe

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death:

123 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Anna B. Rice (Anna B.)

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

widow

Owen B. Rice

6. (b) Name of husband or wife

Owen B. Rice

7. Birth date of deceased (mo. day, yr.)

Dec. 5, 1880

6. (c) If alive, give age years

8. AGE:

Years 68 Months 0 Days 18 If less than one day
hrs. min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

St. C. Huffington

12. Name

Maryland

13. Birthplace

Maryland

14. Maiden name

Mabel Jacobs

15. Birthplace

Maryland

16. Informant

Mrs. Anna Lauer

17. Address

2360 Washington Blvd. Baltimore

Burial

Date thereof Dec. 27, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

Maurice L. Newman, Jr.

Address

Easton - Md.

19. Date rec'd by registrar

Dec. 27, 1948

19. Date signed

Douglas Ross

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Talbot

City or town

Trappe

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 23, 1948 at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 23, 1943, to Dec. 23, 1948,

and that I last saw her alive on Dec. 23, 1948.

Immediate cause of death

Valvular heart

(Mitral regurgitation & M. Steal) 2 yrs.

Due to Hypertension 2

5 yrs.

Due to Arterio-sclerosis

5 yrs.

Other conditions Diabetes mellitus

7 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

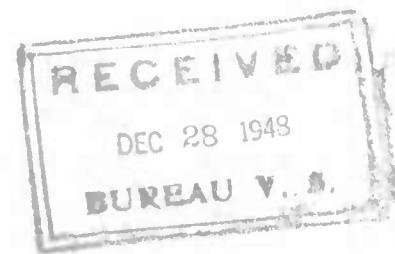
Injured at work?

23. SIGNATURE

William S. Seymour M. D. or other

Address

Trappe Date signed 12/27/48



D.O.P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12838

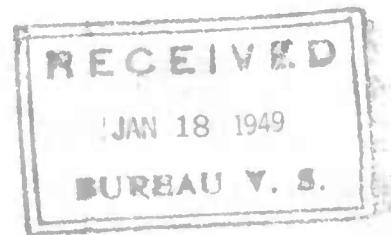
Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <i>Calvert</i>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Easton</i>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Easton</i>		STREET ADDRESS <i>Stewart's Courthouse Home</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (First) <i>FANNIE</i>		(Middle) <i>B.</i>		(Last) <i>RIGBY</i>		4. DATE OF DEATH <i>Dec. 22, 1948</i>	
5. SEX <i>Female</i>		6. COLOR OF RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Mar. 31, 1887</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		9. AGE last birthday If under 1 year Months <i>61</i> yrs. Days <i>9</i> Hours <i>31</i> Min.	
13. FATHER'S NAME <i>Charles Rigby</i>		14. MOTHER'S MAIDEN NAME <i>Mary Caroline Rigby</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs. Sella Grobe Sister</i>						12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause		(a) <i>Cerebral hemorrhage</i>					
Antecedent cause(s)		(b) <i>Arteriosclerotic artery disease</i>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <i>Secondary anemia</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 44</i> to <i>Dec 22, 1948</i> , that I last saw the deceased alive on <i>Dec 19, 1948</i> , and that death occurred at <i>5 A.M.</i> , from the causes and on the date stated above.							
SIGNATURE <i>Kurt Lederer</i>		(Degree or title) <i>M.D.</i>		ADDRESS <i>6000 Anne Md.</i>		DATE SIGNED <i>12/24/48</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE <i>Dec. 24, 1948</i>		NAME OF CEMETERY OR CREMATORIUM <i>Springfield</i>		LOCATION (City, town, or county) (State) <i>Easton, Md.</i>	
DATE REC'D BY LOCAL REG. <i>12/23/48</i>		REGISTRAR'S SIGNATURE <i>M. A. Nease</i>		24. FUNERAL DIRECTOR <i>R. E. Clark</i>		ADDRESS <i>Easton, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12839

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

Bel Air

City or town

Baltimore (Memorial Hospital)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

about 18 days.

Hospital, Institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

about 18 days

3. (a) FULL NAME

William Shaney

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

8. (b) Name of husband or wife

May Shaney

8. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Oct. 1. 1887

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Baltimore

Md. (Town, county, and state)

10. Usual occupation

House

Station Operator

11. Industry or business

Alexander

Shaney

12. Name

Margaret

Warner

13. Birthplace

Baltimore

Md.

14. Maiden name

Margaret

Warner

15. Birthplace

Louisiana

16. Informant

Mrs. Margaret

Warner

Address

Baltimore

Md.

17. Burial, cremation, or removal. Which?

Burial

Date thereof Dec 27-48

(month)

(day)

(year)

Cemetery or crematory

Chesterfield

Location

Centreville

Md.

18. Funeral director

Barton

Barton

Address

Centreville

Md.

19. (Date rec'd by registrar)

12/24

1948

D. H. Perez

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war World War # 1 ✓

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

Dec 22-48 at 6 a.m.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

Acute Coronary Occlusion

DURATION

Due to

Died on

Other conditions This person was found dead in bed

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

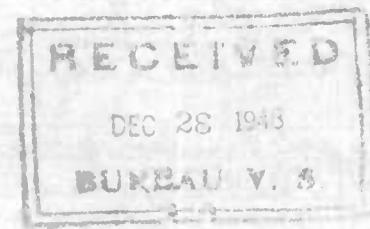
Means of injury

Injured at work?

23. SIGNATURE W. Henry Fisher

M. D. or other

Address Courtwood Rd. Date signed 12/22-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12840

CERTIFICATE OF DEATH

Reg. Dist. No. 290

186a

1. PLACE OF DEATH:

County

Baltimore

City or town

Baltimore Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 hrs 15 min

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 7 hrs 15 min

3. (a) FULL NAME

Mr. Norman L. Slaughter

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Married

6. (b) Name of husband or wife

Mrs Grace Slaughter

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Nov. 8, 1912

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

John Slaughter

FATHER

12. Name

John Slaughter

13. Birthplace

Baltimore

14. Maiden name

Mary Traumstad

15. Birthplace

Baltimore

16. Informant

Mrs Edward Geary

Address

Baltimore 2nd

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12-8-48

(month) (day) (year)

Cemetery or crematory

Baltimore Cemetery

Location

Baltimore 2nd

19. Funeral director

J. Slaughter & Son

Address

Baltimore 2nd

19. 12/6

1948

(Date rec'd by registrar)

N. S. Nease

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Caroline

City or town

Baltimore Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

N. 6th street

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5/48

19

at 10 A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19...

19...

to 19...

and that I last saw him alive on

19...

Immediate cause of death

Contusion & laceration brain

Due to Fall downstream

DURATION

8 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident

Date of

12-5-48

Where did injury occur?

Baltimore

City or town

Car.

Md

(County)

(State)

Injured at home, farm, industry, public place (where?)

home

Means of injury

fall downstream

injured at work?

no

23. SIGNATURE

Louis B. Westphal MD

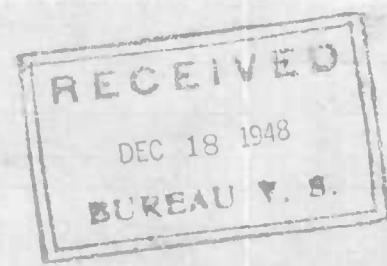
M. D. or other

Address

Easton 2nd

Date signed

12-6-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12848

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County *Baltimore*City or town *Baltimore*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *6.5*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

*James Rufen Taylor*4. Sex *M*5. Color or race *Co*6. (a) Single, married, widowed, or divorced *M*6. (b) Name of husband or wife *Minnie A Bennett Taylor*

7. Birth date of deceased (mo., day, yr.)

*October 26 1876*6. (c) If alive, give age *73* years

8. AGE:

Years *77*Months *1*Days *25*

If less than one day

hrs. min. 9. Birthplace *Baltimore*

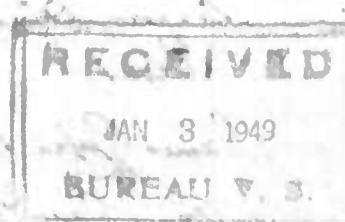
(Town, county, and state)

10. Usual occupation *Pensioner*

11. Industry or business

MOTHER

FATHER



EVIDENCE FOR NOTE - ITEM #22
SHOWN ON:

FILE NO. G 118 JAN 21 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

12842

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot County

City or town Easton, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Twenty four days

Hospital, institution, or street address where death occurred:

Easton Memorial Hospital

How long in hospital or institution? Twenty four days

3. (a) FULL NAME

Annie Thomas

4. Sex

F

5. Color or race

Colored - widowed.

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

(Unknown) ABT 1872

6. (c) If alive, give age. years

8. AGE

76

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

St. Michaels, Md

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

John Mitchell

MOTHER FATHER

12. Name

John Mitchell

13. Birthplace

St. Michaels, Md

14. Maiden name

not known

15. Birthplace

St. Michaels, Md

16. Informant

Helen Bennett

17. Address

41 West St. Easton, Md

Burial

Burial

Cemetery or crematory

St. Michaels

Location

St. Michaels, Md.

Funeral director

Geo. W. Henry

Address

Easton, Md.

18. Funeral director

Geo. W. Henry

Address

Easton, Md.

19. Date rec'd by registrar

12/24/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Talbot

City or town St. Michaels, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

12/23/48

1948 al 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

30 Nov

1948 to 23 Dec 1948

and that I last saw her alive on

23 Dec 1948

Immediate cause of death

Brucellosis pneumonia

DURATION

3 days

Due to: Pellets.

Due to:

Other conditions: Fract. left hip.

30 Nov

(Include pregnancy within 3 months of death)

Major findings of operations: Same

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

history door

(City, or town) (County) (State)

Injured at home, farm, industry, public place (where?)

1/20/49 ad

Means of injury

Injured at work?

23. SIGNATURE

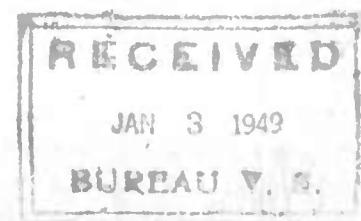
W. F. Kinnane M.D.

M. D. or other

Address: Easton, Md.

Date signed: 24 Dec 48

1272
26
1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12843

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

1. PLACE OF DEATH: Talbot
County Talbot

City or town Talbot (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58 M

Hospital, institution, or street address where death occurred: Memorial Hospital, Easton, Md.

How long in hospital or institution? _____

3. (a) FULL NAME Baby Girl Todd.

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 12-3-48

8. AGE: Years 1 Months 0 Days 0 If less than one day 58 hrs. 58 min.

9. Birthplace Talbot - Easton, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

MOTHER FATHER 12. Name William Bennett Todd.

13. Birthplace Easton, Md.

14. Maiden name Anna Mae Mansions

15. Birthplace Philadelphia

16. Informant William Bennett Todd.

Address Easton, Md.

17. (Burial, cremation, or removal, which?) Cremation Date thereof 12/4/48 (month / day / year)

Cemetery or crematory Memorial Hospital

Location Easton, Md.

18. Funeral director Memorial Hospital

Address Easton, Md.

19. (Date rec'd by registrar) 12/4 19 48 M. H. Peeler

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Ceciliane

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3-48 19 48 at 16 1/2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-3-48 to 12-3-48 and that I last saw h. e. a. a. alive on 12-3-48

Immediate cause of death Erythroblastosis Fetalis DURATION 58 min.

Due to Rh. Negative factor

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

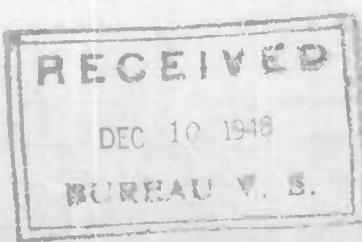
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank W. Anderson, M.D. M. D. or other _____

Address Tedderburg, Md. Date signed 12/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

arrived 12/27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

Talbot

Easton

(If outside city or town limits, write RURAL and give nearest town)

Dec 27 to Dec 28

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 8 days, 8 hrs. 30 min

3. (a) FULL NAME

Percy Warner

4. Sex

M

5. Color or race

Bl

6. (a) Single, married, widowed, or divorced

Married

Eliza Warner

8. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

approx. 90 at time of death

hrs. min.

9. Birthplace..... (Town, county, and state)

Talbot County

(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business.....

12. Name..... Frank Guff

13. Birthplace..... Talbot County

14. Maiden name..... Eliza Warner

15. Birthplace..... Talbot County

16. Informant..... Eliza Warner

Address P.T.O. #1 Easton Md

17. Burial..... Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 1/3/49

(month) (day) (year)

Cemetery or crematory..... Easton R.D.

Location..... Easton R.D. Md

18. Funeral director..... Leon W. Henry

Address..... Easton Md.

19. 12/31/48 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Talbot

City or town..... Easton Rural P.O. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 30 1948 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 27, 1948, to Dec 30, 1948

and that I last saw him alive on Dec 30, 1948

Immediate cause of death..... Heart failure

DURATION..... 1/2 hr

Due to..... Arterio sclerosis

Sclerotic kidneys

Due to.....

Other conditions..... Hypertrophied

prostate

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results..... O

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur..... (City or town) (County) (State)

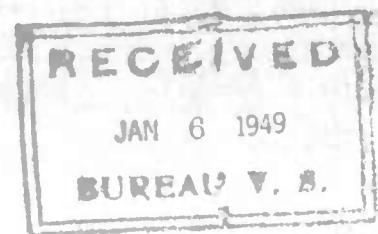
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... John Schneider, M.D.

M. D. or other

Address..... Easton, Md Date signed..... Dec 31, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12845

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Rural Cordova
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 51 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Susie Blanche Wright

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FCMarried

6. (b) Name of husband or wife

Alfred Wright

7. Birth date of deceased (mo., day, yr.)

May 16, 1897

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Talbot Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

FATHER

12. Name George Green

13. Birthplace

Queen Anne Co.

MOTHER

14. Maiden name Susie Carter

15. Birthplace

Queen Anne Co.

16. Informant

Ada Green

Address

Queen Anne, Md.

17. Burial (Burial, cremation, or removal. Which?)

Date thereof 12-19-48
(month) (day) (year)

Cemetery or crematory

Centerville Cemetery

Location

Centerville, Md.

18. Funeral director

J. E. Clegg Moore & Son

Address

Centerville, Md.

19. (Date recd by registrar)

19 48 Dec. 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Rural Cordova
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

December 15 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

November 19 48 to Dec 15 48and that I last saw her alive on December 15 48

Immediate cause of death

Coronary Thrombosis

DURATION

29 hrs.Due to Hypertensive Cardiovascular
Renal Disease2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William C. Green, M.D.

M. D. or other

Address Queen Anne, Md. Date signed Dec 15 1948

NOTE

